Plan Nan	neQuinn Emanuel Associates 401(k) Plan
Plan # _2	

Beneficiary Designation Form

If you die, your legal spouse will recei	· · · · · · · · · · · · · · · · · · ·	completing this form.
	ve your plan benefit unless you name another primary be	neficiary and your spouse completes Section 4.
 If you are not married, complete the c 		
If you complete a Beneficiary Design	nation Form while you are single and later marry, your enefit unless you complete a new Beneficiary Designation	original designations will no longer apply and you
	e entitled to your benefit only if all of your primary benefic	
	ed to designate a beneficiary, the Plan Sponsor will ident	
the Plan.		
	bleted on the form, you can attach an additional explanation	on.
Return this form to your Human Reso	urces Department.	
Participant Identification	Please Print	
ame:		
Last	First	Middle Initial
me Address:		
City	State	Zip
,		F
Social Security Number	Date of Birth MM-DD-YYYY	Home Phone Number
Primary Beneficiary Designation	n(c) (Very many list additional primary and/or easy	ingent beneficiaries on a separate attachment.
nsidered my 100% beneficiary (regard neficiary designated by me. If more than	less of any other designation I make) <u>unless</u> my spound n one beneficiary is listed, the % of benefit must be compl	ise completes Section 4 and consents to anoth
		eted, and must total 100%.
ame Last	First	eted, and must total 100%
Last	First	
Last ome Address	First	Middle Initial
Last	First	
Last me Address	First	Middle Initial
Last me Address	First	Middle Initial State Zip
Last Dome Address Street Street Social Security Number	City	Middle Initial State Zip
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Last me Address Street Street Social Security Number Last Last	City	Middle Initial State Zip
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Last The second	First City Date of Birth MM-DD-YYYY % of Ben	Middle Initial State Zip efit Relationship
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Last Street Street Last Last Social Security Number Last Demo Address Street	First	Middle Initial State Zip efit Relationship Middle Initial State Zip
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Last The Address Street Social Security Number Last Dume Address Street Last Street Last Las	First	Middle Initial State Zip efit Relationship State Zip Middle Initial State Zip efit Relationship
ome AddressStreet Street Social Security Number ameLast ome AddressStreet Social Security Number ameLast ome AddressLast ome AddressLast ome AddressLast	First	Middle Initial State Zip efit Relationship State Zip efit Relationship Middle Initial Middle Initial Middle Initial

3. Contingent Beneficiary Designation(s) (This designation applies only if none of my primary beneficiary(ies) are alive at the time I die.)					
Name					
Last	First			Middle Initial	
Home AddressStreet	City		State	Zip	
			Sidle	Ζιμ	
Social Security Number	Date of Birth MM-DD-YYYY	% of Benefit	Relationship	· · · · · · · · · · · · · · · · · · ·	
Name					
Last	First			Middle Initial	
Home Address				· · · · · · · · · · · · · · · · · · ·	
Street	City		State	Zip	
Social Security Number	Date of Birth MM-DD-YYYY	% of Benefit	Relationship		
4. Spousal Consent and Witness (Only con	plete this section if spouse is not named as v	our sole primary benefici	arv)		
By signing below, I consent to my spouse's benef of my spouse to the extent that someone other t	iciary designation(s). I understand th han myself has been designated as	at I shall not be ent a primary beneficia	itled to benefits und ary, or that I shall	der the Plan on the death only be entitled to partial	
benefits if someone is designated as a primary be consent voluntarily.	eneficiary in addition to me. I under	stand that I do not I	have to sign this co	onsent. I am signing this	
Spouse Signature	Date_			·····	
Spouse Name (please print)					
Notary Public:					
Subscribed and sworn to before me this	day of	, 20			
Notary Public	State of				
Commission Expires					
OR					
Plan Representative's Signature			Date		
5 Darticipant's Cortification If Na Consu	20				
5. Participant's Certification, If No Spouse					
I hereby certify that I am either: 1) not legally married; 2) legally separated; or 3) legally abandoned. Note: A court order must be attached if you are legally separated or legally abandoned.					
Participant's Signature			Date		

6. Participant's Signature

I have read and understand the instructions to this form and have authorized the above designations. I understand that if my legal spouse changes, I must complete another Beneficiary Designation Form.

Participant's	Signature _
---------------	-------------

_ Date ___

Please make a copy of this form for yourself, then return the original to your Human Resources Department.

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